



مستشفى الدكتور محمد الفقيه
DR. MOHAMMAD ALFAGIH HOSPITAL

Infection Prevention and Control

Department

Appendix B

PROJECT WORK PERMIT

PROJECT TYPE: MAINTENANCE ☒ RENOVATION ☐ CONSTRUCTION ☐ DEMOLITION ☐

GENERAL INFORMATION:

PERMIT NO: 1
PROJECT LOCATION: ICU Isolation
ISSUED TO: MAINTENANCE CONTACT #: 1022
BUILDING: HOSPITAL FLOOR(S): Second
DATE ISSUED: 28/3/2023 EXPIRY DATE: 28/3/2023

PROJECT INFORMATION:

PROJECT DURATION FROM: 28/3/2023 TO: 29/3/2023
HOURS OF WORK FROM: 8:00 am TO: 5:00 pm
APPROX. SQ. METER: 90 Sam
DESCRIPTION OF WORK: Installation of New Isolation
Mentoring

CONTRACTOR/SERVICE PROVIDER INFORMATION:

COMPANY: MAINTENANCE TEAM
CONTACT NAME: Raghib TELEPHONE #: 0562540536
MOBILE #: _____ EMAIL: _____

PROJECT MANAGER:

NAME: Eug. Abulaziz Pager: _____ TELEPHONE #: _____
MOBILE #: 0560605900 EMAIL: _____

A comprehensive list of ALL names of Workers and Companies expected on site, and emergency contact numbers must be attached to this Project Work Permit

APPROVED BY:

| Department | Name | Signature |
|----------------------------------|-----------------|-----------|
| Engineering | Eug. Abulaziz | |
| Safety | Saleh Alkhazzam | |
| Project Manager | Eug. Abulaziz | |
| Infection Prevention and Control | ICP Hana blis | |

PROJECT WORK PERMIT

FORM REF NO. 077/2020



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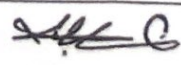
Appendix F

**Infection Prevention and Control Department
infection Control precautions in the Project Area**

| | | | |
|------------------------------|------------------|------------------------|--------------------|
| Project Location: ICU | Work Permit No.: | Date: 28/3/2023 | Time: 09:00 |
|------------------------------|------------------|------------------------|--------------------|

| | During construction project | Upon completion of project |
|------------|--|---|
| CLASS I | <ul style="list-style-type: none"> • Executive work by methods to minimize raising dust from construction operations • Immediately replace a ceiling tile displaced for visual inspection • Provide Material Safety Data Sheet (MSDS) for paint and disinfectants prior to use | Clean work area upon completion of the |
| CLASS II ✓ | <ul style="list-style-type: none"> • Provide active means to prevent airborne dust from dispersing into the atmosphere • Water mist work surfaces to control dust while cutting • Seal unused doors with duct tape • Block off and seal air vents • Place dust mats at work area entrance and exit sites • Remove or isolate the HVAC system in areas where work is being performed <p>Provide MSDS for paint and disinfectants prior to use</p> | <ul style="list-style-type: none"> • Wipe work surfaces with disinfectant • Contain construction waste before transport in tightly covered containers • Choose low traffic time & route • Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area <p>Remove isolation of HVAC system in areas where work is being performed</p> |
| CLASS III | <ul style="list-style-type: none"> • Remove or isolate the HVAC system in areas where work is being done to prevent duct system contamination • Complete all critical barriers using sheetrock, plywood, and/or plastic to seal work area from the non-work area, or implement a control cube method (a cart with plastic covering and sealed connection to work site with HEPA vacuum system). Before construction begin • Maintain negative air pressure within the work site | <ul style="list-style-type: none"> • Do not remove barriers from the work area until project completed and inspected by Infection Control, Construction Workers to thoroughly clean the area and followed by Environmental Services • Remove barrier materials carefully to minimize spread of dirt and debris • Remove isolation of HVAC system in areas where work is being performed • Vacuum work area with HEPA filtered |

| | | |
|----------|---|---|
| | <ul style="list-style-type: none"> Contain construction waste before transport in tightly covered containers, choosing a low traffic time and route Cover transport receptacles or carts (tape covering unless a solid lid is being used) <p>Provide MSDS for paint and disinfectants prior to use</p> | Wet mop with disinfectant |
| CLASS IV | <ul style="list-style-type: none"> To prevent contamination of the duct system, isolate the HVAC system Complete all critical barriers using sheetrock, plywood and/or plastic to contain the area from the non-work area or implement a control cube method (a cart with plastic covering and scaled connection to work site with HEPA vacuum system). Have barrier inspected and approved by Infection Control/ Environmental Health & Safety Maintain negative air with air within the construction zone exhausted directly outside, if this is not possible then the air should be filtered through a HEPA filter before being re-circulation. The integrity Of the HEPA filter should be assessed to ensure that it is not punctured Seal holes, pipes, conduits and punctures appropriately. Construct an anteroom with restricted access, personnel to wear cloth or paper coveralls that are removed each time they leave the work site or clothing vacuumed using a HEPA vacuum cleaner All personnel entering work site are required to wear a new set of shoes covers and shoe covers must be removed prior to exiting the area Provide MSDS for paint and disinfectants prior to use | <ul style="list-style-type: none"> Do not remove barriers from the work area until project completed and inspected by Infection Control, Construction Workers to thoroughly clean the area and followed by Environmental Services Remove barrier material carefully to minimize spread of dirt and debris Contain construction waste before transport in tightly covered containers Cover transport receptacles of carts, tape covering unless a solid lid is used Vacuum the work area with a HEPA filtered vacuum Remove isolation of HVAC system in areas where work is being performed. Wet mop with disinfectants |

| Department | Inspectors Name: | Signature |
|-------------------|--------------------|---|
| Infection Control | Vineetha. V. Nair |  |
| Safety | Nashir Abdurrahman | Nashir Nasor |
| Engineering | Abdullah Aireman |  |



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Appendix C
Infection Prevention and Control Department
Checklist During Construction/Renovation

| | | | |
|---------------------------|--------------------|-----------------|-------------|
| Project Location: ICU ISO | Work Permit No.: 1 | Date: 29/3/2023 | Time: 11:00 |
|---------------------------|--------------------|-----------------|-------------|

| Barriers | |
|--|---|
| Construction signs posted | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Doors properly closed and sealed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>NA</i> |
| Holes, pipes, conduits, punctures, etc. sealed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>NA</i> |
| Ceiling tiles free of moisture | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Traffic Control is maintained | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| All doors and exits free of debris | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Restricted to construction workers and essential staff | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| Personal Protective Equipment (PPE) | |
|-------------------------------------|---|
| Workers wearing appropriate PPE | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| Air Handling | |
|--|--|
| All windows behind barrier closed | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>NA</i> |
| Negative air pressure at barrier entrance | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>NA</i> |
| Portable air flow units used to maintain negative pressure running | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>NA</i> |

| Trash and debris | |
|--|---|
| There is visible evidence of insects (flies) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Trash placed in appropriate containers | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Routine cleaning performed in work area | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>NA</i> |
| "Sticky" dust mats appropriately placed/clean | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>NA</i> |
| There is evidence of dust outside the construction area | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Debris removed in covered container daily | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Regulated medical waste containers remove from work is started | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| Department | Inspectors Name: | Signature |
|-------------------|--------------------|--------------------|
| Infection Control | Vineetha. V. Nair | <i>[Signature]</i> |
| Safety | Nashir Abdurasisir | Nashir Naser |
| Engineering | Abdullah Alremai | <i>[Signature]</i> |



مستشفى الملك سعود
MOHAMMAD ALFAGIH HOSPITAL

Infection Prevention and Control Department

Appendix D

INFECTION CONTROL CHECKLIST UPON COMPLETION OF CONSTRUCTION/RENOVATION

| | | | |
|---------------------------|--------------------|-----------------|-------|
| Project Location: ICU 150 | Work Permit No.: 1 | Date: 30/3/2023 | Time: |
|---------------------------|--------------------|-----------------|-------|

| Clean up | |
|---|---|
| The initial cleaning: The project zone is cleaned by the contractors using a HEPA filtered vacuum followed by a cleaning by Housekeeping after allowing sufficient time for all dust to settle. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Waste and excess equipment/supplies are removed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Surfaces and floors are dust free | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Barriers must be kept in place | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Pest control has been consulted if required. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| Ventilation | |
|--|---|
| Ventilation systems are functioning properly within the project zone and adjacent areas. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Balancing of the air has been done and appropriate pressure relationships verified | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Air intake/exhaust vents are free of protective coverings | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| Water | |
|---|---|
| Water lines have been flushed prior to use if they were disrupted. | <input type="checkbox"/> Yes <input type="checkbox"/> No NA |
| If there are concerns about <i>Legionella</i> spp and <i>Aspergillus</i> spp, hyper-chlorinating stagnant potable water has been considered or superheating and flushing of all distal sites before restoring or repressuring the water system. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |
| Unused cooling towers and water supplies have been disinfected in unoccupied portions of the building(s) before use. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |
| Hot water temperature has been assessed to determine that it meets the standards set by the facility. | |

| Equipment | |
|---|---|
| Alcohol Hand rub dispensers are properly installed and filled | <input type="checkbox"/> Yes <input type="checkbox"/> No NA |
| Soap dispensers are properly installed and filled | <input type="checkbox"/> Yes <input type="checkbox"/> No NA |
| Hand washing Sinks are functional | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Paper towel dispensers properly installed and filled | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Sharps containers properly installed | <input type="checkbox"/> Yes <input type="checkbox"/> No NA |

| Environmental samples | |
|--|---|
| Fungal air sampling and other environmental samples are obtained | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |

| Department | Inspectors Name: | Signature |
|-------------------|---------------------|-----------|
| Infection Control | Vineetha. V. Nair | |
| Safety | Nashir Abdurrahman | |
| Engineering | Abdulrahman Alreman | |




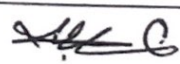
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Appendix E

Infection Prevention and Control Department
Final Infection Control inspection of the Project Area

| | | | |
|-----------------------|--------------------|-----------------|------------|
| Project Location: ICU | Work Permit No.: 1 | Date: 30/3/2023 | Time 13:00 |
|-----------------------|--------------------|-----------------|------------|

| Clean up | |
|---|--|
| Barriers are removed by contractors; after obtaining negative environmental samples have cultures result (if indicated) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |
| After barriers are removed, Housekeeping performed a thorough final cleaning of the area. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Surfaces and floors are dust free | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Can the area be used? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| Department | Inspectors Name: | Signature |
|-------------------|---------------------|---|
| Infection Control | Vineetha. V. Nair |  |
| Safety | Nashith Abdurrahman | Nashith Naser |
| Engineering | Abdullah Alreman |  |